

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002874

1. Entity Name

NORMARK INVESTMENTS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90053 027 ***150.00

Principal Place of Business

Mailing Address

~~26756 HICKORY BLVD~~
~~BONITA SPRINGS FL 34134~~

~~26756 HICKORY BLVD~~
~~BONITA SPRINGS FL 33931-4344~~

21421 Widgeon Terrace
Ft Myers Beach FL 33931

2. Principal Place of Business

3. Mailing Address

21421 Widgeon Terrace

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Myers Beach FL

4. FEI Number

85-0360743

Applied For

Not Applicable

Zip

Country

Zip

Country

33931

Lee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCAROLA, MARK

~~26756 HICKORY BLVD~~

~~BONITA SPRINGS FL 34134~~

21421 Widgeon Terrace
Ft Myers Beach FL
33931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME SCAROLA, MARK

STREET ADDRESS 26756 HICKORY BLVD
CITY-ST-ZIP BONITA SPRINGS FL

TITLE VSTD ☐ Delete
NAME SCAROLA, NOREEN

STREET ADDRESS 26756 HICKORY BLVD
CITY-ST-ZIP BONITA SPRINGS FL

TITLE VP ☒ Delete
NAME STUHLER, RAYMOND

STREET ADDRESS 17040 GOLFSIDE CIRCLE
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)